

SUPPLEMENT TO A PAPER

ON THE

MEMBRANA DECIDUA

WHICH

SURROUNDS THE OVUM

IN CASES OF

TUBAL GESTATION.

BY

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*[From Volume XLI of the 'Medico-Chirurgical Transactions,'
published by the Royal Medical and Chirurgical Society of
London.]*

LONDON:

PRINTED BY

J. E. ADLARD, BARTHOLOMEW CLOSE.

1858.

S U P P L E M E N T

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Received Feb. 26th.—Read June 22d, 1858.

THE following case of extra-uterine foetation, by W. F. Favell, Esq., Sheffield, was published in the 'British Medical Journal,' Saturday, February 30th, 1858. "On Friday evening, January 15th, 1858, I was summoned to attend Mrs. —, aged 37, the mother of three children, who was stated to be suffering from sickness, with considerable pain in the belly.. I found on my arrival that she had been in her usual health all day up to 4 o'clock p.m., when she began to complain of pain, which was speedily followed by vomiting. She had been engaged during the day in assisting in the removal of the furniture to another house, and, according to her husband's account, being a somewhat delicate woman, it was thought that the exertion consequent on their removal had induced this attack. She was not then in a condition to excite any serious apprehension; her pulse was good in volume, somewhat accelerated; the

abdomen was slightly tender on pressure; and the pain she described as being intermitting and very severe. She had also occasional vomiting. On inquiry I found she had not menstruated for nine weeks. The treatment consisted in the exhibition of opium, with small doses of calomel, a mixture containing hydrocyanic acid, with hot fomentations to the body.

“When seen by my father about 11 o’clock on the following morning, she said she was decidedly better; the pain was considerably relieved, but sickness had continued at intervals during the night. The pulse continued tolerably good; and she expressed an opinion that if she had something to allay the sickness, she could be removed in a cab. Shortly before 2 o’clock, her husband came down in great haste to say that she had been taken much worse about an hour previously, and her friends thought she was dying. On my arrival I found that it was so. The sickness had ceased and the pain become greatly aggravated about 12 o’clock; she was alarmingly faint; her extremities were cold; her pulse scarcely perceptible, and though brandy and other stimulants were freely administered, she died in about an hour after my arrival. The impression on our minds was that she had died from perforation of the stomach or bowels.

“A post-mortem examination was made the following day. On opening the abdomen several pints of extravasated blood were found in the cavity of the peritoneum, an immense clot filling the pelvis and extending into the abdomen on the right side. The stomach and bowels were distended with flatus, and healthy. After removing the clots, the uterus and appendages were examined, when the cause of the hæmorrhage became at once apparent, viz., the existence of extra-uterine foetation in the right Fallopian tube. The cyst had been developed in the tube close to the fimbriated extremity which was dilated sufficiently to allow the passage of the end of the little finger, and plugged with coagulum. A rent existed in the cyst just within the tube, and the membranes (entire, with a small foetus floating in them) still

remained in the cyst, surrounded with coagulated blood. The uterus was considerably larger than in the usual unimpregnated condition. The other organs were healthy, with the exception of the right kidney, which had undergone thorough scrofulous degeneration, consisting of nothing but cavities filled with scrofulous pus, the substance of the organ having been totally destroyed. The ureter was large and thickened, and was blocked up in its whole length with cheesy matter."

Being anxious to have another opportunity of examining the ovum in the tube, to ascertain whether there existed a membrana decidua around the placenta and chorion, I wrote to Mr. Favell, asking him to send the preparation for minute investigation, which he most courteously complied with. The following is his letter, which was quickly followed by the preparation itself, in a jar filled up with alcohol.

SHEFFIELD, *Feb. 17th.*

DEAR SIR,—I shall have very great pleasure in forwarding the specimen of extra-uterine foetation for your examination. I would have done so ere this, but have not had an opportunity since I received your note; but you shall have it to-morrow. The specimen is just in the state in which I took it from the body, for, being wishful to exhibit it to our medical society, I did not disturb it at all. I should perhaps mention to you that I found no trace of a membrane in the uterus, but its cavity contained a quantity of glairy mucus. I am, dear sir, yours truly,

W. F. FAVELL.

The preparation consisted of the right half of the uterus, right Fallopian tube, and ovarium. Having placed the parts in a shallow vessel and covered them with rectified spirits, I proceeded with fine forceps and needles, and the dissecting

lens magnifying ten diameters to determine the nature of the connexion between the inner surface of the Fallopian tube and the outer surface of the ovum. Little difficulty was experienced in separating the tube from the ovum and demonstrating that the placenta and villi of the chorion, as in all the other preparations of tubal gestation already exhibited to the Society, were everywhere completely invested with a deciduous membrane. In consequence of this membrane being much hardened by the alcohol, it was impossible to separate completely the two layers from one another and show the decidual cavity. The cells of the placenta and chorion were all found distended with coagula of the maternal blood. The appearance of the amnion was natural. In the cervix and fundus of the uterus there were several soft membranous shreds adhering slightly to the lining membrane. On cutting open the ovarium the corpus luteum was seen, with the yellow matter surrounding the remains of the Graafian vesicle.

The preparation of the parts is now placed upon the table of the Society.

NOTE.—I have examined two portions of the thick, yellowish-white substance found coating the inner surface of the uterus in two specimens of tubal gestation. No blood-vessels could be discovered ramifying through this substance, which did not present any of the anatomical characters of healthy decidua, and, when examined by an eminent microscopical observer, with a magnifying power of 250 diameters, was declared to be a granular fibrous tissue, resembling coagulated fibrine, and to be wholly destitute of arteries and veins. In none of the preparations of tubal gestation which I have examined has any injection passed from the vessels of the uterus into this substance adhering to its inner surface.

July 14th, 1858.